



# ALLIANCE

PROSTHETICS + ORTHOTICS

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_/\_\_/\_\_\_\_\_  
SEX: \_\_\_\_\_ MEDICARE # \_\_\_\_\_

1) Are you receiving any type of assistance from local, county, state or federal government agencies? If so, describe this assistance:

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2) If not, do you qualify for assistance from local, county, state or federal government agencies? If so, what type of assistance are you qualified to receive?

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3) Do you have other health insurance that covers health related products or services?

YES  NO If "YES", list the companies and policy numbers:

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4) Is a guardian or anyone else legally responsible for your medical bills?  YES  NO

If "YES", give the name, address and phone number of this person:

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5) Are you employed?  YES  NO

If "YES", what is your pay period (i.e. weekly, monthly, every other week)? \_\_\_\_\_

How much do you gross per pay period? \_\_\_\_\_

How much do you net per pay period? \_\_\_\_\_

6) Do you own your own home?  YES  NO

If "YES", is it paid for or are you still making payments on it?  YES  NO

How much is each monthly payment? \_\_\_\_\_

7) How much do you have in savings to which you have immediate access? (Does not include qualified retirement) \_\_\_\_\_

8) What is your monthly net income from:

Your Employment: \_\_\_\_\_  
Social Security: \_\_\_\_\_  
Retirement: \_\_\_\_\_  
Investments: \_\_\_\_\_  
Other: \_\_\_\_\_

9) What are your monthly expenses:

Rent or house payment: \_\_\_\_\_  
Utilities: \_\_\_\_\_  
Car payment: \_\_\_\_\_  
Other transportation: \_\_\_\_\_  
Food: \_\_\_\_\_  
Medical Bills: \_\_\_\_\_  
Other: \_\_\_\_\_  
TOTAL MONTHLY EXPENSES: \$ \_\_\_\_\_

I certify that the above information is true and correct and I acknowledge that completion of this form does not guarantee discount, payment plan or forgiveness of debt

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Beneficiary Signature Date

\_\_\_\_\_  
Signature if Beneficiary unable to sign  
Relationship to Beneficiary

\_\_\_ Reason Beneficiary unable to sign

XX  
XXXX

FOR OFFICE USE ONLY

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ **WAIVER APPROVED**  **WAIVER DENIED**

Approval Signature: \_\_\_\_\_